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## **FEC FORM 5**

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name	of Individual, Organization or Corporation	1
League c	f Conservation Voters, Inc.	
(b) Addre	ss (number and street)	_
1920 L S	t NW Suite 800	
(c) City, State and ZIP Code		O. FEO blastification Number
Washington DC 20036		FEC Identification Number
2. Corporate filers only		<b>C</b> C90005786
	Is the filer a qualified nonprofit corporation?	
Individu	Al filers only Name of Employer	Occupation
4.	TYPE OF REPORT (check appropriate boxes):	
	(a) April 15 Quarterly Report	Notice
	☐ July 15 Quarterly Report	
October Quarterly Report		
☐ January 31 Year-End Report		
(b) Is this Report an amendment? Yes \( \subseteq \text{No } \( \text{X} \)		
5.	COVERING PERIOD: FROM 07 / 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	THROUGH	
	$\begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} / \begin{bmatrix} D & D \\ 1 & 5 \end{bmatrix} / \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$	
		0.00
6.	TOTAL CONTRIBUTIONS	0.00
7.	TOTAL INDEPENDENT EXPENDITURES	1801.64
Linder populty of portury Legatify that the independent expenditures reported basis were not made with the ecceptation or prior consent of as in acceptation with as a time		
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.		
TYPE OR P	RINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
Patrick Co	lins	07/16/2010
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g.		

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

## ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2/2 FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full) League of Conservation Voters, Inc. Full Name (Last, First, Middle Initial) of Payee Date Office Depot 2 0 1 0 Y Mailing Address Amount 4201 Main St 51.64 City State Zip Code MO 64106 Kansas City Purpose of Expenditure Office Sought: Category/ House State: MO Office Supplies Type Χ Senate Senate District: \_ President Name of Federal Candidate Supported or Opposed by Expenditure: Robin Carnahan Check One: Support Oppose X Primary Disbursement For: General Calendar Year-To-Date Per Election 2010 46911.58 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date Nick Morelock 2010 Mailing Address Amount 7319 Silverheel 1750.00 Zip Code City State Shawnee KS 66227-2104 Purpose of Expenditure Office Sought: House State: MO Category/ Salary Type Χ Senate Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: Robin Carnahan Support Check One: Oppose Disbursement For: X Primary General Calendar Year-To-Date Per Election 2010 46911.58 for Office Sought Other (specify) 1801.64 (a) SUBTOTAL of Itemized Independent Expenditures ..... (b) SUBTOTALof Unitemized Independent Expenditures..... 1801.64 (c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)